



December 3, 2014

Project No: **BP #17 – CONCRETE RESTORATION**

The above-referenced contract is being considered for small business contract measures. **PLEASE NOTE THAT YOUR PARTICIPATION IN THE AVAILABILITY TO BID PROCESS IS VITAL IN ORDER TO PLACE A SBE-CONSTRUCTION MEASURE ON THIS PROJECT.** If you are interested in participating as a SBE-Const firm to perform work in connection with this project and meet the requirements listed in this letter, please complete and return the attached Verification of Availability to Bid by **10:00 AM, THURSDAY, DECEMBER 4, 2014 (DUE TO THE NATURE OF THE PROJECT).** It is asked that all pages are returned completed in its entirety. Failure to do so will result in this Verification of Availability to Bid Letter not being considered.

Please review the enclosed description of the project.

The letter of availability may be sent **via facsimile transmission to (305) 375-3160** or **via email to twj@miamidade.gov**. If you have any questions, please contact me at (305) 375-3123.

Sincerely,

Tyrone White
Contract Certification Specialist
Small Business Development Division
Miami-Dade County Internal Services Department
Phone: (305) 375-3123
Fax: (305) 375-3160
Email: twj@miamidade.gov



<http://www.miamidade.gov/internalservices/small-business.asp>

Please access the new Project Review Process at <http://www.miamidade.gov/business/contracting-opportunities.asp>

VERIFICATION OF AVAILABILITY TO BID

INTERNAL SERVICES DEPARTMENT (ISD)
SMALL BUSINESS DEVELOPMENT (SBD) DIVISION
COMMUNITY SMALL BUSINESS ENTERPRISE PROGRAM
111 N.W. 1ST STREET, 19th FLOOR
MIAMI, FLORIDA 33128
PHONE: 375-3111 **FAX: 375-3160**

PROGRAM COORDINATOR: Tyrone White

I am herewith submitting this letter of verification of availability and capability to bid, provided the proposed scope of work attached. (**NOTE:** Please provide all the information requested; incomplete and/or incorrect verifications are not acceptable or usable.)

CONTRACT TITLE: CONCRETE RESTORATION

PROJECT NUMBER: BP #17

Estimated Contract Amount: \$1,000,000.00

(Scope of work and minimum requirements for this project is attached.)

NAME OF COMMUNITY SMALL BUSINESS ENTERPRISE (CSBE)

ADDRESS

CITY

ZIP CODE

Certification Expires: _____
DATE

Telephone: _____ *****Bonding Capacity:** _____

PRINT NAME AND TITLE

SIGNATURE OF COMPANY REPRESENTATIVE

DATE

Currently Awarded Projects (Name of Project and Owner)	Project Completion Date	Contract Amount	Anticipated Awards

VERIFICATION OF AVAILABILITY TO BID

CONTRACT TITLE: CONCRETE RESTORATION

PROJECT NUMBER: BP #17

ESTIMATED CONTRACT AMOUNT: \$1,000,000.00

SPECIFIC REQUIREMENTS & SCOPE:

See attached document. Pay Attention to "EXPERIENCE & LICENSES" Section.

Contractor Qualifications Questionnaire

This questionnaire will assist SBD in identifying the qualified contractors that "comply" to perform the aforementioned scope of work. Indicate yes "Y" or no "N" on the empty line on the left side of this questionnaire and forward it completely filled out to this e-mail address: twj@miamidade.gov or via fax (305) 375-3160 attention Mr. Tyrone White. (you may select more than one option)

_____ Proposer (PRIME) has experience completing projects with a size and scope similar too this project, meets the requirements as indicated in the attached document and can perform the work as required.

_____ Proposer (PRIME) DOES NOT have experience completing projects with similar size and scope as this project and DOES NOT meet the requirements as indicated in the attached document.

PLEASE LIST YOUR FIRMS HISTORY OF SIMILAR PROJECTS, REASON(s) WHY YOUR FIRM DOES NOT MEET THE EXPERIENCE REQUIREMENTS (IF APPLICABLE) AND ANY COMMENTS YOU MAY HAVE ON THE NEXT PAGE

I certify that to the best of my knowledge all the information provided is verifiable and correct.

COMPANY NAME: _____

NAME OF REPRESENTATIVE: _____

TITLE: _____ SIGNATURE: _____

TELEPHONE NUMBER: _____ E-Mail Address: _____

SIMILAR PROJECTS AS PRIME OR SUB-CONTRACTOR

Please list your firm's history of "Projects with Similar Scopes of Work":

Project Title: _____

Client Name: _____

Contact #: (____) _____ - _____ / _____

Contract Amount: \$_____

Scope of Work:

Project Title: _____

Client Name: _____

Contact #: (____) _____ - _____ / _____

Contract Amount: \$_____

Scope of Work:

Project Title: _____

Client Name: _____

Contact #: (____) _____ - _____ / _____

Contract Amount: \$_____

Scope of Work:

REASONS & COMMENTS
